A State and Territorial Roadmap to Bounce Forward From COVID-19
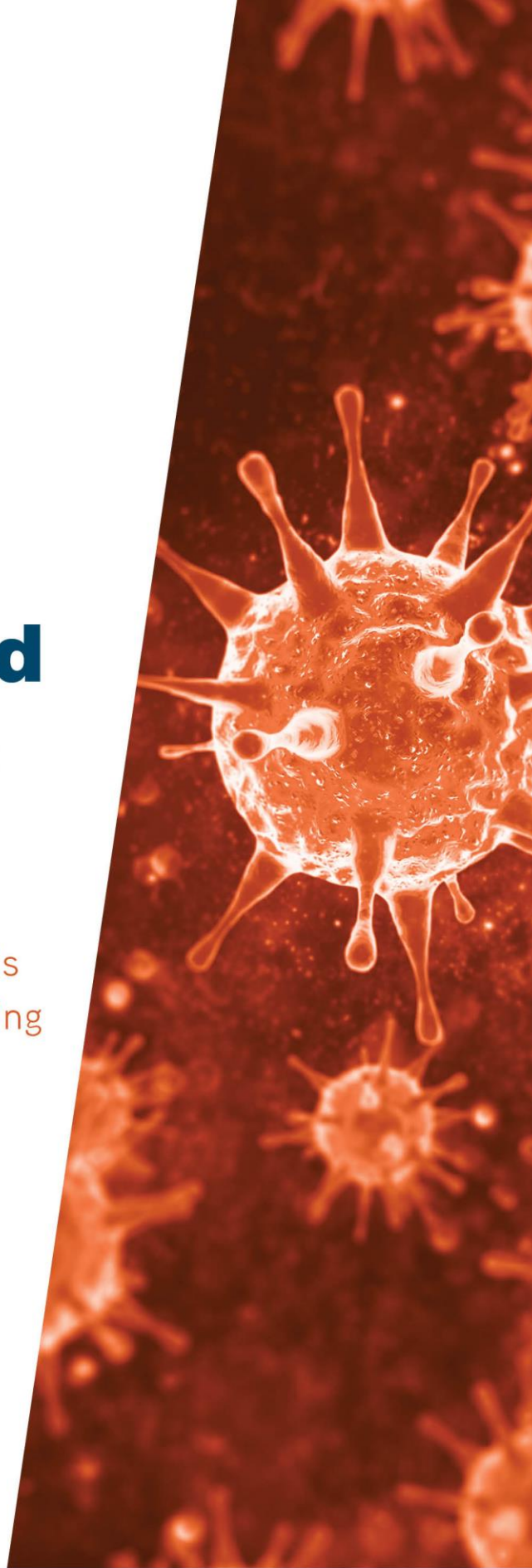
Leveraging Federal Recovery Investments to Improve America's Health and Wellbeing

Foreword

COVID-19 has presented unprecedented challenges to our nation through sickness, loss of life and, for many, loss of livelihood. Creating the conditions for health, and thus strong, vibrant communities post-COVID-19 will also challenge us. Do we recreate the state and territorial public health and healthcare systems we had before this pandemic, or do we take a different approach and move towards a better future built on policies we know can create better health outcomes for all Americans? We believe we should take this opportunity to not simply **bounce back** to where we were before COVID-19. Instead, we want to **bounce forward** to a future with a vibrant and robust culture of health nationwide.

COVID-19 starkly illustrates the inequities in our nation. Recovery efforts provide an important opportunity to address those inequities head on with new investments, greater attention to the role of public health and prevention, and the urgent need to rebuild communities in ways that promote optimal health for all. A Health in All Policies approach is needed, and our nation's state and territorial health officials stand ready to move that approach forward. This roadmap describes opportunities to work collaboratively across sectors, states, and communities to leverage new investments.

Public health leaders have the awesome responsibility of supporting gubernatorial decision-making, and the work of state policymakers impacts millions of people daily. Our colleagues in state and territorial government have similar influence on the health of our jurisdictions through the work of commerce departments, education agencies, human service commissions, housing agencies, employment and workforce agencies, consumer protection agencies, and many other arms of government. In many ways, the work of these agencies has a greater impact on overall health and wellness than our health departments. Why? A great deal of our health status is influenced by non-medical, non-clinical factors like the environments we live in, where we work, the quality of our housing, our access to meaningful employment and education, and access to healthy foods and recreational areas. These non-medical factors contribute to the social determinants, or influences, on health—a concept that has gained wide traction in the public health and healthcare community over the last ten years.

This report is a practical approach to "bouncing forward" to better health by leveraging opportunities the COVID-19 pandemic recovery presents to invest in public health and social influences on health and wellbeing. Billions of federal dollars have been made available for COVID-19 recovery efforts. Public health has a significant role in leading a health-in-all-policies approach that brings economic and community sectors together to create conditions that lead to vibrant health for all. This roadmap is a guide for public health agencies and our partners in government, business, and non-governmental organizations to use in building a better America post-COVID-19, a bounce forward to a better future—not just a return to the past.

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The Need to Bounce Forward

As America looks to recover from the impact of the global COVID-19 pandemic, state and territorial leaders have an important choice to make. Do we "bounce back" and reconstruct our communities to the way they were prior to COVID-19, or do we "bounce forward" and advance efforts to create healthier, more resilient communities?

Before the pandemic, conditions were less than optimal for many Americans, especially individuals living in poverty, racial and ethnic minority communities, and other marginalized groups that experience profound inequities in health and well-being. These inequities are not only the result of differential access to quality healthcare, but have deeper roots in equal access to quality educational opportunities, neighborhood safety and community resources, limited availability of public transportation, insufficient economic opportunities, and institutional racism and discrimination.

Now is the time for the country to intentionally move forward toward a more desirable future where community assets and governmental resources are aligned to promote optimal health for all. The bounce *forward* approach focuses on opportunities states and territories have to use massive new investments in their jurisdictions to create conditions for community health and wellness as a part of their COVID-19 recovery. These investments include billions of federal dollars to support and enhance equitable policies in employment and workforce sectors, education and childcare, food security and nutrition, housing and community development, and healthcare and public health.

The Kaiser Family Foundation compiled federal, state, and local data on racial disparities in COVID-19, demonstrating that:

- People of color, particularly Black and American Indian/Alaskan Native populations, are experiencing higher rates of COVID-19 cases and deaths than White counterparts.
- COVID-19 cases are often concentrated in counties with Black and Hispanic residents.
- Black and Hispanic people have higher hospitalization rates than White counterparts.

Source: Kaiser Family Foundation.

Bounce Back	Bounce Forward
– Unevenly engaged communities. – Continued health inequities and disparate health outcomes. – A narrow focus on the healthcare and individual public health sectors as the most significant influences on health.	✓ Engaged communities nationwide. ✓ A focus on healthy equity and optimal health for all. ✓ A health-in-all-policies approach that crosses sectors and addresses vital conditions for health outside of healthcare and public health systems.

Congress passed a series of emergency relief bills for states and territories to address, respond, and recover from the COVID-19 pandemic, including:

- Coronavirus Preparedness and Response Supplemental Appropriations Act: Provided $8.3 billion in emergency funding to federal agencies, including $6.7 billion for the domestic response. Signed into law Mar. 6, 2020.
- Coronavirus Aid, Relief, and Economic Security (CARES) Act: Totaled approximately $2 trillion in economic relief, including $150 billion to establish the Coronavirus Relief Fund. Signed into law Mar. 27, 2020.
- Paycheck Protection Program and Healthcare Enhancement Act: Provided $100 billion for the Public Health and Social Services Emergency Fund to support healthcare entities with COVID-19-linked expenses, lost revenue, and COVID-19 testing costs. Signed into law April 24, 2020.
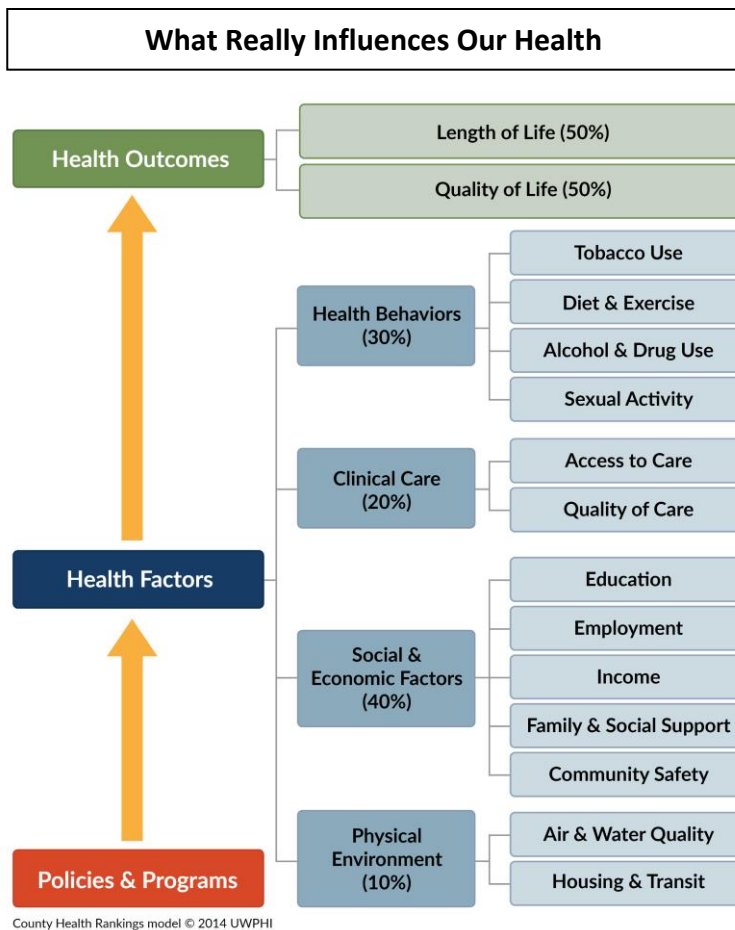
In sum, these three bills appropriated a total of at least $12.3 billion directly to states and territories through the CDC. In addition, the Families First Coronavirus Response Act (signed into law March 18, 2020) provided $3.47 billion to federal agencies, including funding for paid sick leave, insurance coverage of COVID-19 testing, nutrition assistance, and unemployment benefits.

Each of these funding sources will shape how our nation emerges from the COVID-19 pandemic. A Health in All Policies approach advances the idea that better health can be achieved by multi-sector collaboration across state and territorial governments with a health-centric focus on the ways resources are invested. Health in All Policies is not a new concept. For decades, policy development in areas such as transportation, safety, water and air quality, disaster recovery, preparedness and climate change, and worker safety have featured cross-sector approaches that address health issues. In addition, officials working in land use planning, community design, environment, and housing routinely consider well-being, and by extension health, when making programmatic decisions.

Key Elements of Health in All Policy (HIAP) Practice:

- Defining mutually beneficial goals.
- Cross-sector collaboration.
- Engaging stakeholders.
- Opportunity for policy change.
- Promote health and equity

Source: ASTHO. Health in All Policies: A Framework for State Health Leadership.

What Really Influences Our Health

Health Outcomes
- Length of Life (50%)
- Quality of Life (50%)

Health Factors
- Health Behaviors (30%)
  - Tobacco Use
  - Diet & Exercise
  - Alcohol & Drug Use
  - Sexual Activity
- Clinical Care (20%)
  - Access to Care
  - Quality of Care
- Social & Economic Factors (40%)
  - Education
  - Employment
  - Income
  - Family & Social Support
  - Community Safety
- Physical Environment (10%)
  - Air & Water Quality
  - Housing & Transit

Policies & Programs

County Health Rankings model © 2014 UWPHI

Source: County Health Rankings.

This vision of health is at the heart of ASTHO's pre-COVID-19 challenge to state and territorial health leaders to create better health through community engagement and cross-sector partnerships (Figure 2). Core to the ASTHO challenge is the idea that transformative change in multiple sectors can propel communities towards better health. Post-COVID-19, the ASTHO challenge can be used to frame the view that bouncing forward is possible and will be successful when shared outcomes are defined, collective action is aligned, and local improvement efforts are co-led by policymakers, stakeholders, and community members most impacted by the decisions being made.

Figure 2. The ASTHO Challenge

Public health is about creating healthier communities. The COVID-19 recovery is an opportunity to do just that.

The billions of federal dollars appropriated by Congress for COVID-19 recovery efforts provides state and local leaders with the opportunity to invest directly in community health. Inflows of COVID-19 recovery dollars can support innovative, cross-sector policies that build healthier, more resilient communities. The national COVID-19 response stresses the importance of local execution and implementation of response and recovery activities, state planning, and federal investments to support these efforts. As such, state and territorial governments have a key role in developing and supporting plans that not only restore community health but improve it. This will require state and territorial health leaders to collaborate with local health officials and engage community leaders to address the social and environmental influences of health described in Figure 2.

The Social and Environmental Influences on Health

The social and environmental determinants of health are the conditions in which people are born, live, learn, play, work, and age in. Here is a list of core determinants:

- Availability of resources to meet daily needs, such as educational and job opportunities, living wages, or healthful foods.
- Social norms and attitudes, such as discrimination.
- Exposure to crime, violence, and social disorder, such as the presence of trash.
- Social support and social interactions.
- Exposure to mass media and emerging technologies, such as the Internet or cell phones.
- Socioeconomic conditions, such as concentrated poverty.
- Quality schools.
- Transportation options.
- Public safety.
- Residential segregation.
- Natural environment, such as plants, weather, or climate change.
- Built environment, such as buildings or transportation.
- Worksites, schools, and recreational settings.
- Housing, homes, and neighborhoods.
- Exposure to toxic substances and other physical hazards.
- Physical barriers, especially for people with disabilities.
- Aesthetic elements, such as good lighting, trees, or benches.

Source: Healthy People 2020. Social Determinants of Health.

Community engagement—the process of engaging communities in dialogues and decision-making about how to best achieve long-term improvements and impact—is a core part of public health practice. The motto, "nothing for us, without us," illustrates how health agencies and their partners can leverage local knowledge and expertise in statewide efforts to create better health by bringing local communities into policy development and program planning. The COVID-19 pandemic presents the opportunity to meaningfully engage community members in state and territorial health recovery plans.

The governor of Colorado established a COVID-19 Health Equity Response Team, led by the state Office of Health Equity, which ran from April - September 2020. The team served as a liaison between the State Emergency Operation Center, the state health department's Incident Command Structure, and leaders of communities of color. Information flowed bidirectionally from the community to the state government. The team ultimately developed a set of policy recommendations to better assist communities of color during the COVID-19 pandemic, as well as during future public health emergencies. Teams such as these can help build trust with communities and promote community engagement and leadership.

Recent efforts to engage communities in public health improvement have focused on local initiatives. Programs such as Rhode Island's Health Equity Zones, Delaware's Healthy Communities, San Diego's Live Well San Diego, and the multi-state BUILD Health Challenge communities demonstrate that health improves when residents, healthcare leaders, social service organizations, and businesses work together to address specific challenges. Since its inception, Rhode Island's Health Equity Zones program has established community collaborations to strengthen resiliency and address local health needs. The infrastructure built in Rhode Island and in other states can be leveraged as part of COVID-19 recovery efforts. For example, placing COVID-19 testing sites in Health Equity Zones could create additional testing capacity and facilitate community access to recovery resources if other programs were to co-locate in these zones. In addition, these initiatives provide an existing network for community feedback and decision-making.

The Washington State Department of Health has developed a Community Participation Continuum as part of its organizational commitment to community engagement. The continuum illustrates the range of community engagement options available to agencies. In terms of the COVID-19 response, community members can provide cultural context and identify barriers to implementing strategies outlined in agency programs. Public health agencies that seek local knowledge can apply these insights to develop more effective, community-driven recovery strategies. Viewing communities as assets means leveraging their knowledge and working towards collaborative solutions. The COVID-19 recovery can become a model for successful community partnership and engagement, creating a foundation for other work such as chronic disease prevention and broader disease control efforts.

From the Arkansas Department of Health

The Marshallese population of northwest Arkansas has been at particular risk for extensive COVID-19 penetration. The crowded housing, intense social clustering, and high degrees of co-morbidities create great risk for transmission and morbid consequences. The mumps outbreak of 2016-17 emerged within the Marshallese community and most of the cases were in people of Pacific Island origin. The outbreak accounted for nearly 3,000 cases in a highly immunized population, a worrisome harbinger of a potentially larger outbreak in this part of the state, where no one is immune. As early as May 2020, state COVID-19 data demonstrated the same trend emerging: Pacific Islanders had a case and death rate 4.5 times higher than other racial/ethnic groups in the state.

The Arkansas Department of Health conducted a community assessment that illustrated the underlying health and social conditions that put the Marshallese population at elevated COVID-19 risk. The assessment also reported on the most pressing needs in the community (housing assistance, personal protective equipment, food and nutrition, health insurance, and internet access). Through effective engagement with other communities, we learn about community-specific factors that can enable a more successful recovery.

Leveraging Federal Investments to Bounce Forward From COVID-19

State and territorial health agencies can leverage new federal investments to address social influences on health while shoring up public health and healthcare resources for the future. To support the bounce forward approach, state and territorial health leaders need to know what new resources are available in their states. To help summarize these new investments, this report organizes federal COVID-19 recovery and emergency funding into six categories:

- Housing and the Built Environment.
- Food Systems and Nutrition.
- Children, Families, and Social Supports.
- Employment and Economic Security.
- Education (K-12).
- Healthcare Access and Affordability.

For each category, this roadmap provides an overview, top sector-specific issues, available federal resources, and opportunities to bounce forward. State and territorial agencies can examine the advantages of collaborative program planning where alignment between sectors occurs, such as shared or leveraged financing, similar demographics served, or geographic proximity. While there are many considerations for leaders to explore, this roadmap focuses on foundational and high-value recovery initiatives. The goal of this document is to provide a straightforward method for state and territorial leaders to identify new recovery resources, coalesce around achievable opportunities for health improvement, and commit to engaging community leaders in policymaking and implementation.